

(a.m.  
10/17/00)**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

District Attorney  
 David Lopas  
 200 N. River St  
 Wilkes-Barre, Pa 18711

## 2. Article Number (Copy from service label)

7000 0600 002757134666 / 1-00-CU-1496 Smyser  
 10/10/00

PS Form 3811, July 1999

Domestic Return Receipt

3084

102555-99-M-1789

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly) B. Date of Delivery

## C. Signature

Richard Graber

 Agent  
 Addressee
D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

## 3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes**FILED  
HARRISBURG**

OCT 16 2000

MARY E. D'ANDREA, CLERK  
 Per 978  
 DEPUTY CLERK

1-00-CU-1496  
 Smyser  
 10/10/00